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418389 WEMMH PTO/SB/21 (09-04)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

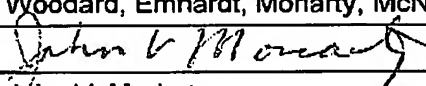
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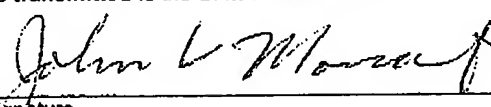
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/796,743	
	Filing Date	March 9, 2004	
	First Named Inventor	Alan R. Lewis	
	Art Unit	3616	
	Examiner Name	Faye M. Fleming	
Total Number of Pages in this Submission	10	Attorney Docket Number	5656-3

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Credit Card Payment Form <input checked="" type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP	
Signature		
Printed Name	John V. Moriarty	
Date	25 AUGUST 2006	Reg. No. 26,207

<input type="checkbox"/> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.	
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John V. Moriarty Typed/printed name of person signing this certificate 25 AUGUST 2006 Date	 Signature

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SB/17 (01-08)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006**Complete if Known**

Application Number	10/796,743
Filing Date	March 9, 2004
First Named Inventor	Alan R. Lewis
Examiner Name	Faye M. Fleming
Art Unit	3616
Attorney Docket No.	5656-3

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☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$100.00)

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments.

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	350	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
14	-20 or HP	=0	=1	x	=0	

HP = highest number of total claims paid for, if greater than 20

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	-3 or HP	=1	x100

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

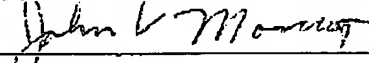
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	=	/50	=	x

(round up to a whole number)

4. OTHER FEE(S)

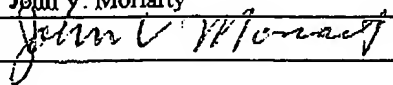
Fee Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	26,207	Telephone	(317) 634-3456
Name (Print/Type)	John V. Moriarty	Date	25 AUG 2006		

CERTIFICATE OF MAILING OR TRANSMISSION

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Signature	
Date	25 AUG. 2006

#416373

WEMMH #317053 (Rev. 2/08)

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#416333

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Via Facsimile: (571) 273-8300

In re patent application of:

Alan R. Lewis

Serial No. 10/796,743

Filed March 9, 2004

VEHICLE PASSENGER
RESTRAINT AND METHOD OF
PRODUCING SAME

) Before the Examiner

) Faye M. Fleming

) Group Art Unit 3616

) Conf. No. 2510

) August 25, 2006

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25 AUG 2006

(Date of Deposit)

John V. Moriarty

Name of Registered Representative

John V. Moriarty

Signature

25 AUG 2006

Date of Signature

RESPONSE TO OFFICE ACTIONAssistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated June 1, 2006, please enter the following amendments and consider the following remarks. Enclosed is PTO Form 2038 charging for one additional independent claim beyond the limit of 3. No additional fees are believed to be due. However, if any fees are deemed necessary, please charge said fees to Deposit Account No. 23-3030, but not to include the payment of any issue fee.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

08/28/2006 MBINAS 00000004 18796743

01 FC:2201

100.00 OP

Amendment Response

Serial No. 10/796,743

Group Art Unit 3616

Atty. Docket No. 5656-3

Page 1 of 7